

Show Entry Form

Please print in black or blue ink—all info is required. Entries will not be accepted if form is incomplete.

Closing Date: April 3, 2017

Any entries postmarked after that date will have post entry fee of \$50 applied. Show will start promptly at 8:00 a.m.

Please fill out one form per horse/rider team.

Owner's name: _____

Owner's address: _____

Owner's phone: _____ Email: _____

Rider's name: _____

Rider's emergency contact: _____

Relationship to rider _____

Home or work phone: _____ Cell _____

Horse's name: _____

Horse's age: _____ Breed: _____ Sex: _____

Gaited? _____

Rider Division:

___ Amateur: Adults (non-Pro)

___ Youth: Those 17 & under (An individual who has not reached his/her 18th birthday as of January 1st of the current competition year)

___ Open: Adult professional (An individual who makes his/her living instructing or training in the industry)

Honorary High Score Awards *Only One Per Rider*

You may ride in honor of a cancer survivor or veteran or for yourself

___ Cancer Survivor _____

___ Veteran _____

___ Silver Rider (60 Years & Older)

Maximum of 4 under saddle tests per horse per day. Maximum of 4 on the ground tests per horse per day

Tests entered (check all that apply):	SAT	SUN
Walk/Jog Test 1	_____	_____
Walk/Jog Test 2	_____	_____
Walk/Jog Test 3	_____	_____
Walk/Jog Test 4	_____	_____
Walk/Jog/Lope Test 1	_____	_____
Walk/Jog/Lope Test 2	_____	_____
Walk/Jog/Lope Test 3	_____	_____
Walk/Jog/Lope Test 4	_____	_____
Walk/Jog/Lope Test 5	_____	_____
Walk/Jog/Lope Test 6	_____	_____
* Challenge Walk/Walk Test 1	_____	_____
Challenge Walk/Jog Test 1	_____	_____
Challenge Walk/Jog Test 2	_____	_____
Challenge Walk/Jog Test 3	_____	_____
Challenge Walk/Jog Test 4	_____	_____
Challenge Walk/Jog/Lope Test 1	_____	_____
Challenge Walk/Jog/Lope Test 2	_____	_____
Vaquero Challenge Walk/Jog Test 2	_____	_____
Vaquero Challenge Walk/Jog Test 4	_____	_____
Vaquero Challenge Walk/Jog/Lope Test 1	_____	_____
Vaquero Challenge Walk/Jog/Lope Test 2	_____	_____
* Partnership Lead Line	_____	_____
*Partnership On The Ground Walk/Walk Test 1	_____	_____
Partnership On The Ground Test 1	_____	_____
Partnership On The Ground Test 2	_____	_____
*Partnership Under Saddle Walk/Walk Test 1	_____	_____
Partnership Under Saddle	_____	_____
*Challenge Gaited Walk/Walk Test 1	_____	_____
*Challenge Gaited Walk/Intermediate Test 1	_____	_____
Gaited Walk/Intermediate Gait Test 2	_____	_____
Gaited Walk/Intermediate Gait Test 3	_____	_____
Gaited Walk/Intermediate Gait/Lope Test 2	_____	_____
Freestyle Walk/Jog	_____	_____
Freestyle Walk/Jog/Lope	_____	_____

***Denotes new tests for 2017**

This is NOT the order in which the tests will be scheduled.

If the rider is showing more than one horse, please fill in the name of the other horse here, and indicate how much time the rider would prefer between rides:

Second horse's name: _____

*Preferred amount of time between rides: _____

**Show management will make every effort to accommodate your request but may not be able to do so in all cases.*

1 Bale of Bedding is included in the price of the stalls. Tack stalls do not include bedding. Extra bales will be available for purchase.

Class Fees:

First test:	_____ @ \$40 per test	\$ _____
Number of additional tests:	_____ @ \$35 per test	\$ _____
Non-ORCWDA member surcharge:	_____ @ \$5 per test	\$ _____
New/renewal ORCWDA membership:	_____ @ \$25 per year	\$ _____

Stalls:

Saturday	_____ @ \$30 per day	\$ _____
Sunday	_____ @ \$30 per day	\$ _____
Overnight Friday	_____ @ \$20 per night	\$ _____
Overnight Sunday	_____ @ \$20 per night	\$ _____
Tack room weekend	_____ @ \$40 per stall	\$ _____

Office fee (mandatory):	_____ @ \$10 per horse	\$ _____
Haul in fee/no stall	_____ @ \$10/day	\$ _____
Dry camp per night	_____ @ \$20	\$ _____
Post entry fee (pay only once and only after April 3 rd)	_____ @ \$50	\$ _____

Total Due: \$ _____

Maximum of 4 under saddle tests per horse per day. Maximum of 4 on the ground tests per horse per day.

**Stall fees include one bale of shavings. Additional bales available for purchase.*

Please make all checks payable to **ORCWDA**.
We cannot accept credit/debit cards

Mail forms to: ORCWDA, PO Box 1243, Molalla, OR 97038

All exhibitors are responsible for cleaning their stalls before leaving the show grounds. The other option is to make a \$20 donation to the 4H Club and they will clean your stall.

All entries must include:

- **Signed entry form**
- **Signed and dated release for Oregon Equestrian Center**
- **Signed and dated release for ORCWDA**
- **Signed and dated release for Cowboy Dressage World**
- **Payment in full**
- **Signed ORCWDA membership form if applying for or renewing membership**

Rider signature: _____

Owner signature (if different from rider): _____

Parent/Guardian signature for Youth riders: _____

ORCWDA RELEASE, ASSUMPTION OF RISK, WAIVER & INDEMNIFICATION

I represent by signing this form that I am participating in this event voluntarily. I understand and acknowledge that horses can be unpredictable and sometimes dangerous animals, and that horse related activities involve inherent risks of accident, loss and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death ("Harm"). I participate at my own risk. I agree to release OR Cowboy/Western Dressage Alliance ("ORCWDA") from all claims for money damages or otherwise from any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of the ORCWDA, Facility, Event Company, Event Coordinator, or Owners. I agree to expressly assume all risks of Harm to me or my horse, including the Harm resulting from the ORCWDA, Facility, Event Company, Event Coordinator, or Owners. I agree to indemnify (that is, to pay for) any losses, damages, or costs incurred by me or my horse, my family members or attendants at the event.

I understand that I am not required to wear protective head gear and I acknowledge that ORCWDA has notified me to do so, while warning that no protective gear can guard against all injuries. Those under the age of 18 will be required to wear a helmet.

If I am a parent or guardian signing on behalf of a minor, I consent to the minor's participation and agree to all of the above provisions, and agree to assume all the obligations of this Release on behalf of the minor.

I understand that ORCWDA as stated above includes all of their officers, officials, directors, agents, personnel, volunteers and affiliated organizations. I represent that my horse and I are both healthy and sound enough to participate in the event.

I also agree that ORCWDA, Facility, Event Company, Event Coordinator, or Owners may use or assign photographs, videos, audios, cablecasts or other likenesses of me and my horse taken during the course of the event for the promotion, coverage or benefit of the ORCWDA, Facility, Event Company, Event Coordinator, or Owners. Those likenesses will not be used to advertise a product and they may not be used in such a way as to jeopardize amateur status in competition. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claims to compensation, invasion of privacy, right of publicity, or to misappropriation.

ORS 30.687-697 Oregon Equine Activity Liability Act

This act stipulates that an equine sponsor or an equine professional is immune from liability for the death or injury of a participant, arising out of riding, training, driving, grooming or riding as a passenger upon an equine. However, there are exceptions to this rule: an equine sponsor or professional will be held liable for injuries of an equine activity participant if he or she displays a willful and wanton or intentional disregard for the safety of the participant.

By signing below, I agree to be bound by all applicable statutes of the state of Oregon and ORCWDA and Owners' rules and all terms and provisions of this entry form.

Participant Signature_____

Print Name_____

Parent/Guardian Signature_____

Print Name_____

On behalf of (minor's name)_____

Date_____

Cowboy Dressage® World Release

Upon entering a Cowboy Dressage® World Show and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider or Handler, and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the Bylaws and Rules and the local rules of the competition. I agree to be bound by the Bylaws and Rules and the competition. I will accept as final the decision of the Hearing Committee on any question arising under the Rules, and agree to release and hold harmless the competition, the

COWBOY DRESSAGE® WORLD LLC (DEBBIE AND EITAN BETH-HALACHMY, LYN RINGROSE MOE,

GARN WALKER AND WYATT PAXTON) their officials, directors and employees for any action taken under the Rules. I represent that I am eligible to enter and/or participate under the Rules and every horse I am entering is eligible as entered. I also agree that as a condition of and in consideration of acceptance of entry, the COWBOY

DRESSAGE® WORLD LLC (DEBBIE AND EITAN BETH-HALACHMY, LYN RINGROSE MOE, GARN

WALKER AND WYATT PAXTON) and/or the competition may use or assign photographs, videos, audios,

cablecasts, or other likenesses of my horse and/or myself taken during the course of the competition for the

promotion, coverage or benefit of the competition, sport or the COWBOY DRESSAGE® WORLD LLC (DEBBIE AND EITAN BETH-HALACHMY, LYN RINGROSE MOE, GARN WALKER AND WYATT PAXTON) Those

likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize amateur status. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation. The construction and application of Rules are governed by the laws of the State of California, and any action instituted against COWBOY

DRESSAGE® WORLD LLC (DEBBIE AND EITAN BETH-HALACHMY, LYN RINGROSE MOE, GARN

WALKER, AND WYATT PAXTON) must be filed in Sacramento County Superior Court, California.

I have read the Cowboy Dressage® Competition Rules ____Yes ____No www.cowboydressage.com/competition.html

COWBOY DRESSAGE® WORLD LLC (DEBBIE AND EITAN BETH-HALACHMY, LYN RINGROSE MOE, GARN WALKER AND WYATT PAXTON

Release, Assumption of Risk, Waiver and Indemnification. This document waives important legal rights. Read it carefully before signing.

I AGREE in consideration for my participation in this competition, COWBOY DRESSAGE® WORLD SHOW to the following:

I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss, and serious

bodily injury including broken bones, head injuries, trauma, pain, suffering, or death (“Harm”). **I AGREE** to

release the COWBOY DRESSAGE® WORLD LLC (DEBBIE AND EITAN BETH-HALACHMY, LYN RINGROSE MOE, GARN WALKER, AND WYATT PAXTON)

and the Competition from all claims for money damages or otherwise from any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of

the COWBOY DRESSAGE® WORLD LLC (DEBBIE AND EITAN BETH-HALACHMY, LYNRINGROSE MOE, GARN WALKER, AND WYATT PAXTON) or the Competition. **I AGREE** to expressly assume all risks of

Harm to me or my horse, including Harm resulting from the negligence of the COWBOY DRESSAGE® WORLD LLC (DEBBIE AND EITAN BETH-HALACHMY, LYN RINGROSE MOE, GARN WALKER AND WYATT

PAXTON), or the Competition. **I AGREE** to indemnify (that is, to pay any losses, damages, or costs incurred by) the COWBOY DRESSAGE® WORLD LLC (DEBBIE AND EITAN BETH-HALACHMY, LYN RINGROSE

MOE, GARN WALKER AND WYATT PAXTON) and the Competition and to hold them harmless with respect to claims of Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse at the Competition. I have read the COWBOY DRESSAGE® Rules about protective equipment, and I understand that I am entitled to wear protective equipment without penalty (riders age 17 and under are required to wear protective head gear while mounted on show grounds) and I acknowledge that the COWBOY DRESSAGE® WORLD LLC

(DEBBIE AND EITAN BETH-HALACHMY, LYN RINGROSE-MOE, GARN WALKER, AND WYATT

PAXTON) strongly encourages me to do so while **WARNING** that no protective equipment can guard against all injuries. If I am a parent or guardian of a junior exhibitor, I consent to the child’s participation and **AGREE** to all of the above provisions and **AGREE** to assume all the obligations of this Release on the child’s behalf. **I AGREE** that

“the” COWBOY DRESSAGE® WORLD AND PARTNERS (DEBBIE AND EITAN BETH-HALACHMY, LYN RINGROSE MOE, GARN WALKER AND WYATT PAXTON) and “Competition” as used above includes all of

their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations. I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

BY SIGNING BELOW, I AGREE to be bound by all applicable COWBOY DRESSAGE® WORLD LLC

(DEBBIE AND EITAN BETH-HALACHMY, LYN RINGROSE MOE, GARN WALKER AND WYATT

PAXTON)Rules and all terms and provisions of this entry blank.

Rider (mandatory)

Owner (mandatory)

Signature: _____ Signature: _____

Print Name: _____ Print Name: _____

Parent/Guardian Signature: (Required if Rider is a minor) _____

Print Parent/Guardian Name: _____

Emergency Phone _____

Is Rider a U.S. Citizen: ____ Yes ____ No

MEMBERSHIP APPLICATION/EMAIL LIST APPLICATION

Yearly membership is January 1st to December 31st

Date: _____

Check all that apply:

New member application (\$25)
Membership renewal (\$25)
Please add me to your email list for updates

Want to volunteer? Yes No (check all below that apply):

Want to help at events _____
Have a venue available for events _____
Know a clinician who can do demo/clinic _____

Other (please specify): _____

PLEASE PRINT

First and last name: _____

Street/mailling address: _____

City/State/Zip: _____

Phone: _____

Email address: _____

Cash—amount paid: _____

Check—amount paid: _____

Please make checks payable to **ORCWDA**.
You will receive confirmation of payment via email. Thanks for your support!

Oregon Cowboy/Western Dressage Alliance
PO Box 1243, Molalla, OR 97038

THANK YOU! WE LOOK FORWARD
TO RIDING WITH YOU SOON!